



Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

Medical Assistance Program
Municipally Based Health Services
Bulletin 2
September 1995

TO: Municipally Based Health Services Providers Participating in the Medical Assistance Program
FROM: Bruce M. Bullen, Commissioner *B.M.B.*
RE: **NEW SERVICE CODE AND WEEKLY RATE FOR 502.8 STUDENTS**

***New Service Code and
Rate for 502.8
Students***

The Division has determined a rate for municipally based health services providers to bill for 502.8 special education students effective September 1, 1995. This rate is subject to future adjustment by the Division. The total rate for 502.8 students is \$106.06 per week. Municipal Medicaid providers should bill for this service using the federal share amount of \$53.03 as the "usual fee", and using Service Code X7668. The federal share amount is 50 percent of the weekly rate for Service Code X7668.

***Programs That Provide
Services to 502.8
Students***

This prototype represents children (as described in Section 502.8 of the Chapter 766 Regulations of the Department of Education (603 CMR 28.00)) who participate in the Early Childhood Program. These early childhood programs fall into three subcategories:

- ▶ Type A programs consist of specialized services such as speech, physical, and occupational (fine motor) therapies provided to children in their homes by school personnel.
 - ▶ Type B programs provide health related and educational services to children in integrated center-based programs where special education children make up less than 50 percent of the classroom.
 - ▶ Type C programs provide services similar to Type B programs, yet do so in separate center-based programs where more than 50 percent of the children are special education students.
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Claims Submission

In order for a provider to seek reimbursement of the federal share amount of the total rate for students classified as Prototype 502.8, the student must be in attendance for a minimum of one day during the week claimed. The provider will bill the weekly rate by writing the Friday date of the claimed week in the "from" field of Item 26 of the claim form no. 9. Each Friday date entry will be one unit of service.

Retroactive Billing

Claims for Service Code X7668 may be submitted for dates of service on and after September 1, 1995. Each claim must be received at Unisys within 24 months after the date of service. Claims received beyond the 24-month deadline are not eligible for reimbursement.

***Federal
Reimbursement***

The federal share amount of the rate for this prototype will be returned to the city, town, or regional school district on a quarterly basis along with reimbursement for other claimed services. The disbursement is currently scheduled to occur during the fourth week of the months of April, July, October, and January.

Questions

If you have any questions concerning the information in this bulletin, please call the Provider Services Unit at Unisys at (617) 628-4141 or 1-800-325-5231, or call the Division's Municipal Medicaid Program at (617) 348-5464.
